Form MCSA-5876

OMB No. 2126-0006 Expiration Date: 11/30/2

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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(See Certification Decision Medical Certification)

I certify that I have examined **Last Name:** Freeman **First Name:** Barry in accordance with (*please check only one*):

- (•) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (*check all that apply*) OR
- ( ) the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties I find this person is qualified, and, if applicable, only when (*check all that apply*):

- [ ] Wearing corrective lenses
- [ ] Wearing hearing aid
- [ ] Accompanied by a _____ waiver/exemption
- [ ] Accompanied by a Skill Performance Evaluation (SPE) Certificate
- [ ] Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- [ ] Qualified by operation of 49 CFR 391.64 (Federal)
- [ ] Grandfathered from State requirements (*State*)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date: 04/24/2023

Medical Examiner's Signature

Medical Examiner's Telephone Number: 919-313-3900

Date Certificate Signed: 04/24/2021

Medical Examiner's Name (*please print or type*): Keith Strulowitz

( ) MD ( ) Physician Assistant (•) Advanced Practice Nurse
( ) DO ( ) Chiropractor ( ) Other Practitioner (*specify*) _____

Medical Examiner's State License, Certificate, or Registration Number: 5010282

Issuing State: NC

National Registry Number: 2843140917

Driver's Signature

Driver's License Number: 26374048

Issuing State/Province: NC

Driver's Address

Street Address: 88 Victory Lane City: Henderson State/Province: NC Zip Code: 27537

CLP/CDL Applicant Holds (•) Yes ( ) No

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